
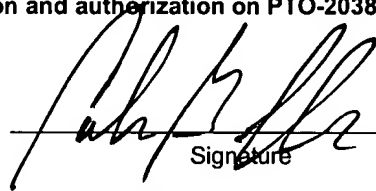


#13
BP

| | | |
|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 37629-0004 |
|  | In re Application of Achim KNAPPIK et al. | |
| | Application Number 09/490,324 | Filed January 24, 2000 |
| | For PROTEIN (POLY)PEPTIDE LIBRARIES | |
| | Group Art Unit 1631 | Examiner L. Clow |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$ _____</div> </div> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$400.00</div> </div> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$ _____</div> </div> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$ _____</div> </div> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$ _____</div> </div> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-1641</u> .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____ .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p style="text-align: center; font-size: 1.2em;">7.31.02</p> <p>_____ Date</p> </div> <div style="width: 50%; text-align: center;">  _____ Signature Colin G. Sandercock _____ Typed or printed name </div> </div> | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> | | |

08/05/2002 GWORDJF1 00000036 09490324Date

01 FC:116

400.00 0P